B22A (Official Form 22A) (Chapter 7) (12/08)

In re	Terry Lee	Atkin Sr		$\frac{1}{2^{n}} E_{n,n} = \frac{1}{2^{n}}$, where $E_{n,n+1} = n$	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
•		Debtor(s)	7010 EED 0	51115	☐ The presumption arises
Case	Number:		2010 FEB -8	PH 12: 00	☑ The presumption does not arise
		(If known)			☐ The presumption is temporarily inapplicable.

CHAPTER & STATEMENT OF GURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
14	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
18	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
16	☐ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a.
	was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	b. am performing homeland defense activity for a period of at least 90 days /or/
	☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.
	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

	Mar	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.					
	a.	Unmarried. Complete only Column A ("Debtor's Incom	ne") for Lines 3-11.				
2	b. c.	penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.					
	d.	Married, filing jointly. Complete both Column A ("Debto Lines 3-11.	or's Income") and Column B	("Spouse's In	come") for		
	six o	gures must reflect average monthly income received from all salendar months prior to filing the bankruptcy case, ending on re the filing. If the amount of monthly income varied during the lethe six-month total by six, and enter the result on the appropriate the six-month total by six, and enter the result on the appropriate the six-month total by six, and enter the result on the appropriate the six-month total by six, and enter the result on the appropriate the six-month total by six, and enter the result on the appropriate the six-month total by six, and enter the result on the appropriate the six-month total by six, and enter the result on the appropriate the six-month total by six-mont	the last day of the month	Column A Debtor's Income	Column B Spouse's Income		
3	Gro	ss wages, salary, tips, bonuses, overtime, commissions.		\$1,070.00	\$		
4	Inco Line than attac expe	me from the operation of a business, profession or farm. a and enter the difference in the appropriate column(s) of Lincone business, profession or farm, enter aggregate numbers at the above the column on the column of the col	e 4. If you operate more				
	a.	Gross Receipts	\$ 0.00				
	b.	Ordinary and necessary business expenses	\$ 0.00				
	C.	Business income	Subtract Line b from Line a	\$0.00	\$		
5	the a	and other real property income. Subtract Line b from Line appropriate column(s) of Line 5. Do not enter a number less part of the operating expenses entered on Line b as a ded Gross Receipts Ordinary and necessary operating expenses Rent and other real property income	than zero. Do not include fuction in Part V. \$ 0.00	\$0.00	\$		
			Oddiadi Elifo d Ilolii Elifo d				
6		est, dividends, and royalties.		\$0.00	\$		
7		sion and retirement income.		\$0.00	\$		
8	expe that p	amounts paid by another person or entity, on a regular bases of the debtor or the debtor's dependents, including oburpose. Do not include alimony or separate maintenance page pouse if Column B is completed.	child support paid for	\$0.00	\$		
9	How was	mployment compensation. Enter the amount in the appropriate ever, if you contend that unemployment compensation receives a benefit under the Social Security Act, do not list the amount mn A or B, but instead state the amount in the space below:	ed by you or your shouse				
	Une be a	mployment compensation claimed to a benefit under the Social Security Act Debtor \$	Spouse \$	\$0.00	\$		
10	paid alimo Secu	me from all other sources. Specify source and amount. If newes on a separate page. Do not include alimony or separate by your spouse if Column B is completed, but including one or separate maintenance. Do not include any benefits rity Act or payments received as a victim of a war crime, crime of international or domestic terrorism.	e maintenance payments de all other payments of				
	а.	\$					

	Total and enter on Line 10.	\$0.00	\$				
	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s).	\$1,070.00	\$				
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 1,070.00					
100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Part III. APPLICATION OF § 707(b)(7) EXCLUSION						
12	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result. \$12,840.00						
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This						
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a. Enter debtor's state of residence: MIb. Enter debtor's household size:		\$43,611.00				
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.						
15							
100000000000000000000000000000000000000	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

Partiv. CALCULATION	OF CURRENT MONTHLY INCOME FOR § 707(b)(2)	
Enter the amount from Line 12.		\$
Line 11, Column B that was NOT paid on debtor's dependents. Specify in the lines I payment of the spouse's tax liability or the dependents) and the amount of income dependents.	a regular basis for the household expenses of the debtor or the below the basis for excluding the Column B income (such as a spouse's support of persons other than the debtor or the debtor's evoted to each purpose. If necessary, list additional adjustments on	
a.	\$	
Total and enter on Line 17 .		\$
Current monthly income for § 707(b)(2).	Subtract Line 17 from Line 16 and enter the result.	\$
Part V. CALCUL	LATION OF DEDUCTIONS FROM INCOME	
Subpart A: Deductions u	inder Standards of the Internal Revenue Service (IRS)	Liverez X
National Standards for Food, Clothing and	Other Items for the applicable household size (This information	\$
The state of the s	Enter the amount from Line 12. Marital adjustment. If you checked the b Line 11, Column B that was NOT paid on debtor's dependents. Specify in the lines payment of the spouse's tax liability or the dependents) and the amount of income do a separate page. If you did not check box a. Total and enter on Line 17. Current monthly income for § 707(b)(2). Part V. CALCUI Subpart A: Deductions L National Standards: food, Clothing and National Standards for Food, Clothing and	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.

198	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
(1-0) (0-1) (0-1) (1-0) (0-1) (0-1) (1-0) (0-1) (0-1) (1-0) (0-1) (0-1) (1-0) (1-1) (1-1) (1-1) (1-1) (1-1) (1-1) (1-1) (1-1) (1-1) (1-1) (1-1)	Но	ousehold members under 65 y	ears of age	Hou	sehold members 65 years of	age or older	
State of the state	a1.	Allowance per member		a2.	Allowance per member		
10 10 10 10 10 10 10 10 10 10 10 10 10 1	b1.	Number of members		b2.	Number of members		
	c1.	Subtotal		c2.	Subtotal		\$
20A	ang infoi	al Standards: housing and util Utilities Standards; non-mortgag mation is available at www.usdo	ge expenses for the i <u>.gov/ust</u> / or from the second	e app the cl	licable county and household serk of the bankruptcy court).	size. (This	\$
208	infor total	al Standards: housing and util RS Housing and Utilities Standa mation is available at <u>www.usdo</u> of the Average Monthly Paymei b from Line a and enter the res	irds; mortgage/ren <u>j.gov/ust/</u> or from t nts for anv debts s	it expe the cle ecure	ense for your county and house erk of the bankruptcy court); en d by your home, as stated in Li	ehold size (this ter on Line b the	
	a.	IRS Housing and Utilities Stand	lards; mortgage/rent	al	1\$]	
1 5 0 5	b.	expense Average Monthly Payment for a	iny debts secured by	/ home	t ·		
	C.	any, as stated in Line 42. Net mortgage/rental expense			Subtract Line b from Line a		s
21	Utiliti	al Standards: housing and util 20B does not accurately compu- es Standards, enter any addition contention in the space below:	ite the allowance	to wh	ich vou are entitled under the	IRS Housing and	\$
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.						
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					\$	
22B	addit amou	Il Standards: transportation; a nses for a vehicle and also use ional deduction for your public tr unt from IRS Local Standards: T lerk of the bankruptcy court.)	oublic transportation ansportation expe	on, an Inses	id you contend that you are ent enter on Line 228 the "Public"	itled to an	\$

	Local Standards: transportation ownership/lease experwhich you claim an ownership/lease expense. (You may not two vehicles.)	nse; Vehicle 1. Check the number of vehicles for t claim an ownership/lease expense for more than			
23	Enter, in Line a below, the "Ownership Costs" for "One Car" (available at www.usdoj.gov/ust/ or from the clerk of the ban Average Monthly Payments for any debts secured by Vehick Line a and enter the result in Line 23. Do not enter an amount of the contract of the cont	nkruptcy court); enter in Line b the total of the le 1, as stated in Line 42: subtract Line b from			
	a. IRS Transportation Standards, Ownership Costs	[\$			
	b. Average Monthly Payment for any debts secured by Vehic	ícle			
	1, as stated in Line 42. c. Net ownership/lease expense for Vehicle 1	 \$			
	G. Net ownership/rease expense for vehicle 1	Subtract Line b from Line a	 \$		
24	Local Standards: transportation ownership/lease expenthe "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" (available at www.usdoj.gov/ust/ or from the clerk of the bar	" from the IRS Local Standards: Transportation			
	Line a and enter the result in Line 24. Do not enter an amo	Cle 2, as stated in Line 42: subtract Line b from			
	IRS Transportation Standards, Ownership Costs	\$			
	b. Average Monthly Payment for any debts secured by Vehic 2, as stated in Line 42	icle \$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a			
			\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.				
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.				
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
	Other Necessary Expenses: childcare. Enter the total avera	age monthly amount that you actually expend on	\$		
30	payments.				
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.				
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter the tot	tal of Lines 19, through 32	\$		
	Subpart B: Additional Livin		<u>*</u>		
1	Note: Do not include any expenses th				
		, , , , , , , , , , , , , , , , , , ,			

or your					1
a.	Health Insurar	ice	\$		
b.	Disability Insur		\$		
C.	Health Savings	s Account	\$		
If you	and enter on Line do not actually e ace below:	34 expend this total amount, stat	e your actual total ave	rage monthly expenditures in	\$
elderly unable	y expenses that y , chronically ill, or to pay for such e	<u> </u>	easonable and necess sehold or member of yo	sary care and support of an our immediate family who is	\$
Service by the	tually incurred to es Act or other ap court.		ily under the Family Vice of these expenses is	olence Prevention and required to be kept confidential	\$
provide that the	standards for Hou e your case trus e additional amo	nter the total average monthly a using and Utilities, that you actu tee with documentation of yo ount claimed is reasonable ar	ally expend for home e our actual expenses, a nd necessary.	energy costs. You must and you must demonstrate	\$
VOU act	non exhenses in	n uebenden Gillaren less in:			
second trustee reason Additio	tually incur, not to lary school by you with document nable and necest onal food and clo	o exceed \$137.50 per child, for a ur dependent children less than ation of your actual expenses sary and not already accounte othing expense. Enter the tota	attendance at a private 18 years of age. You s, and you must expland of for in the IRS Stand I average monthly amo	must provide your case in why the amount claimed is dards.	\$
trustee reason Addition clothing Nationa www.us	lary school by you with document able and necessional food and closs expenses exceed Standards, not solo, gov/ust/ or fr	o exceed \$137.50 per child, for a ur dependent children less than cation of your actual expenses	attendance at a private 18 years of age. You s, and you must expla d for in the IRS Stand average monthly amo food and clothing (app ed allowances. (This in	or public elementary or must provide your case in why the amount claimed is dards. bunt by which your food and parel and services) in the IRS formation is available at	\$
reason Additio clothing Nationa www.us amoun	daily incur, not to lary school by you with document hable and necess onal food and clo g expenses exceed al Standards, not sdoj.gov/ust/ or fro t claimed is reas	o exceed \$137.50 per child, for a cur dependent children less than action of your actual expenses sary and not already accounts othing expense. Enter the total ed the combined allowances for to exceed 5% of those combined om the clerk of the bankruptcy sonable and necessary.	attendance at a private 18 years of age. You s, and you must expla ed for in the IRS Stand I average monthly amount food and clothing (appeted allowances. (This in court.) You must demonstrate that you will continue to	e or public elementary or must provide your case ain why the amount claimed is dards. Sount by which your food and parel and services) in the IRS formation is available at onstrate that the additional	\$
reason Addition Clothing Nationa www.us amoun Contin	daily incur, not to lary school by you with document hable and necess onal food and clo g expenses excee al Standards, not sdoj.gov/ust/ or fr at claimed is reas	o exceed \$137.50 per child, for a cur dependent children less than action of your actual expenses sary and not already accounts othing expense. Enter the total ed the combined allowances for to exceed 5% of those combine om the clerk of the bankruptcy osonable and necessary.	attendance at a private 18 years of age. You s, and you must explain for in the IRS Standard and clothing (appendix allowances. (This in court.) You must demonstrate that you will continue to 26 U.S.C. § 170(c)(1)-(2)	e or public elementary or must provide your case hin why the amount claimed is dards. Sount by which your food and parel and services) in the IRS formation is available at onstrate that the additional or contribute in the form of cash or it.	\$
reason Addition Clothing Nationa www.us amoun	daily incur, not to lary school by you with document hable and necess onal food and clo g expenses excee al Standards, not sdoj.gov/ust/ or fr at claimed is reas	be exceed \$137.50 per child, for a cur dependent children less than cation of your actual expenses sary and not already accounts othing expense. Enter the total ed the combined allowances for to exceed 5% of those combined om the clerk of the bankruptcy contributions. Enter the amount haritable organization as defined in use Deductions under § 707(b)	attendance at a private 18 years of age. You s, and you must explain for in the IRS Standard and clothing (appendix allowances. (This in court.) You must demonstrate that you will continue to 26 U.S.C. § 170(c)(1)-(2)	e or public elementary or must provide your case hin why the amount claimed is dards. Ount by which your food and parel and services) in the IRS formation is available at constrate that the additional contribute in the form of cash or he additional desired.	\$
reason Addition Clothing Nationa www.us amoun Contin financial Total A Future you own Paymentotal of filing of	payments on sen, list the name on the and check whealth and the control of the co	bexceed \$137.50 per child, for aur dependent children less than ation of your actual expenses sary and not already accounted thing expense. Enter the total ed the combined allowances for to exceed 5% of those combined om the clerk of the bankruptcy is sonable and necessary. Contributions. Enter the amount haritable organization as defined in the second claims. For each of your of the creditor, identify the proper	attendance at a private 18 years of age. You s, and you must explayed for in the IRS Standard and clothing (appeted allowances. (This in court.) You must demonstrate that you will continue to 26 U.S.C. § 170(c)(1)-(2). Enter the total of Line at debts that is secured enty securing the debt, sees or insurance. The Arach Secured Creditor.	e or public elementary or must provide your case hin why the amount claimed is dards. Sount by which your food and parel and services) in the IRS formation is available at constrate that the additional contribute in the form of cash or he say through 40. The say through 40.	\$
reason Addition Clothing Nationa www.us amoun Contin financial Total A Future you own Paymentotal of filing of	payments on sen, list the name on the and check whealth and the control of the co	b exceed \$137.50 per child, for aur dependent children less than ation of your actual expenses sary and not already accounted the combined allowances for to exceed 5% of those combined on the clerk of the bankruptcy contributions. Enter the amount haritable organization as defined in see Deductions under § 707(b) Subpart C: Deductions are each of you of the creditor, identify the properties the payment includes taxed as contractually due to ease, divided by 60. If necessary Monthly Payments on Line 42. Property Securing the Debt	attendance at a private 18 years of age. You s, and you must explayed for in the IRS Standard and clothing (appeted allowances. (This in court.) You must demonstrate that you will continue to 26 U.S.C. § 170(c)(1)-(2). Enter the total of Line at debts that is secured enty securing the debt, sees or insurance. The Arach Secured Creditor.	e or public elementary or must provide your case hin why the amount claimed is dards. Sount by which your food and parel and services) in the IRS formation is available at constrate that the additional contribute in the form of cash or he say through 40. The say through 40.	\$

y ii	reside you m in add	r payments on secured claims. If any of debts listed in Line 42 are sence, a motor vehicle, or other property necessary for your support on pay include in your deduction 1/60th of any amount (the "cure amount little to the recommendation of t	r the support of your dependents			
ا	m aud	any mondo in your deduction mount of any amount (the cure amoun	T LIDGE COLL POLICE NOV the evadites			
		allion to the payments listed in Line 42. In order to maintain nossession	on of the property. The cure			
es L	amou	nt would include any sums in default that must be paid in order to av	nid renossession or foreclosure			
c	List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					
		Name of Creditor Property Securing the Debt	1/60th of the Cure Amount	1		
200717 100717 100717 100717 100717 100717 100717			Total: Add Lines a, b and c	\$		
F	Paym	ents on prepetition priority claims. Enter the total amount, divided	by 60, of all priority claims, such			
938) d	as pric	unty tax, child support and alimony claims, for which you were liable.	at the time of your bankruntou	\$		
	imig.	Do not include current obligations, such as those set out in Line	∍ 28.	- [
(Chapt	ter 13 administrative expenses. If you are eligible to file a case und	der Chapter 12 complete the	T		
f	followi	ing chart, multiply the amount in line a by the amount in line b, and e	offer the resulting administrative			
e	expen	ise.	nter the resulting administrative			
illor inter	a.	Projected average monthly Chapter 13 plan payment.	\$			
	b.	b. Current multiplier for your district as determined under schedules				
		issued by the Executive Office for United States Trustees. (This information is available at ways yards a guidate of the formation is available at ways yards a guidate of the formation of the state of the formation of the forma				
330		information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
-	C.	Average monthly administrative expense of Chapter 13 case	X			
			Total: Multiply Lines a and b	\$		
T	Total	Deductions for Debt Payment. Enter the total of Lines 42 through 45.		\$		
		Subpart D: Total Deductions from I	ncome			
ja T	Total	of all deductions allowed under § 707(b)(2). Enter the total of Line	s 33, 41, and 46	s		

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION				
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$			
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$			
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result	\$			
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$			
	Initial presumption determination. Check the applicable box and proceed as directed.				
	The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
52	☐ The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of	at the top of page 1 of this			
	☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Pa through 55).	rt VI (Lines 53			
53	Enter the amount of your total non-priority unsecured debt	\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not ari of page 1 of this statement, and complete the verification in Part VIII.	se" at the top			
	The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presum the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	ption arises" at			

	PartVII ADDITIONAL EXPENSE O	LAIMS
56	Other Expenses. List and describe any monthly expenses, not otherwise stand welfare of you and your family and that you contend should be an additincome under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a average monthly expense for each item. Total the expenses.	rated in this form, that are required for the health
	Expense Description Total: Add Lines a, b, and c	Monthly Amount
	Part VIII: VERIFICATION	
57	I declare under penalty of perjury that the information provided in this statement both debtors must sign.) Date: 1-29-10 Signature: Terry Legister.	Ment is true and correct. If this a joint case,